

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>4784866</i>	FILING DATE <i>02/15/01</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15		1					65							
16		1					66							
17		1					67							
18		1					68							
19		1					69							
20		1					70							
21		1					71							
22		1					72							
23		1					73							
24		1					74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
29	1						79							
30	1						80							
31	1						81							
32	1						82							
33		1					83							
34		1					84							
35		1					85							
36		1					86							
37		1					87							
38	1						88							
39	1						89							
40		1					90							
41		1					91							
42		1					92							
43		1					93							
44		1					94							
45		1					95							
46		1					96							
47		1					97							
48		1					98							
49		1					99							
50		1					100							
TOTAL IND.	7						TOTAL IND.							
TOTAL DEP.	32						TOTAL DEP.							
TOTAL CLAIMS	31						TOTAL CLAIMS							